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MEDICAL AND SURGICAL REPORTER.

No. 1005.]

PHILADELPHIA, JUNE 3, 1876.

[VOL. XXXIV.—No. 23.

ORIGINAL DEPARTMENT.

LECTURE.

ACLINAL LECTURE ON SOME EARLY FORMS OF SYPHILIS.

BY DR. F. F. MAURY.

Reported by CHARLES WINSLOW DULLES, M. D.,
Resident at Philadelphia Hospital, for the
MED. AND SURG. REPORTER.

GENTLEMEN:—I have to-day a few cases of venereal disease to show you, and shall make some remarks of a practical nature as to their diagnosis and treatment.

Syphilitic Lichen.

CASE 1.—You see upon this man a general eruption of a papular kind, which is known as syphilitic lichen. There is a history of a chancre, and here in the groin I find some indurated glands. Lichen is, next to roseola, the most common form of syphiloderm. Roseola, or erythema, consists of a congestion of the capillaries of the skin, making either a diffused redness or a spotted one, the latter being called roseola maculata. The disease we have here, lichen, is a papular disease. It consists of a subacute inflammation of the skin, with the production of the scattered papules you see. They are distributed more or less over the entire body, and are sometimes especially marked upon the forehead, as you observe in this case, forming what is termed the corona veneris. This eruption rarely itches; if it does, it is usually about the genitalia and in the head. The former, our patient tells us, is where he has itching. You are told in the books that the distinguishing mark of the syphilitic eruptions is, that they do not itch. This I do not

believe to be reliable, in confirmation of which you see that this man has itching. These papules may become vesicles and pustules in him. At present, you see them pretty largely covered with desquamating epithelium.

Here let me object to some teaching which might lead you to suppose syphilis can be diagnosed with certainty from single phenomena. An English surgeon describes a condition of the teeth to which he attaches very great weight as an indication of hereditary syphilis; the French point out an enlarged gland situated above the trochlear surface of the lower end of the humerus as a sign of constitutional syphilis; but I assure you that you can make a safe diagnosis only from the sum of the symptoms you find in any case.

You will notice here an inflamed appearance of the vessels of the sclerotic around the cornea. This man has an iritis. Had I an ophthalmoscope, we would be likely to find in the muscular fibres of the iris a peculiar gummy deposit, which is said to be a distinguishing feature of syphilitic iritis. For this complication instillations of atropia have been used.

The rest of the treatment has been the protiodide of mercury and the iodide of potash, with alkaline baths. I will suggest changing the latter for simple steam baths, of a temperature of 120°, lasting twenty or thirty minutes, twice a week, if the patient can bear them. Absolute cleanliness must be observed, and good diet used, and the man will be much better in two weeks.

Just here let me say this: You may sometimes be asked by a patient in such a condition how long it will take him to get well. I

always say eighteen months. The eruption may be cured in ten days, but the cause of it will not be eradicated so soon. A man sometimes comes and says: "I am going to be married, and have been caught; how long will it be before I am rid of this?" My reply always is, "You must be under the surveillance of a surgeon from eighteen months to two years."

CASE 2.—Uncovering this man, you have the most beautiful picture of the same form of syphiloderm. Atlases may be praised, but nothing can ever convey to you a more striking representation than is here. There are the same characteristics we saw before, with a similar history. Here, however, we find there has been an indurated chancre; in the other case there was a soft one. I do not care to go into the discussion of the tonicity or duality of the syphilitic infection. Views of eminent teachers have changed so often on this subject that I think it far less important to have a very decided opinion on it than to be able to recognize and treat the disease. That is what you should learn now, and what is of value to the community.

In this case I will suggest the same baths as in the former, and for constitutional treatment I will order what is very much used in Paris, and preferred to the pills of Ricord, viz.: the "Sirop Gibert," or Gibert's syrup, composed of:—

R. Hydrarg. iodid. rub., 1 part
Potass. iodid., 50 "

Aquæ, 50 " by wt.,

dissolved, and strained, and put in 2400 parts of cold simple syrup; or, to put it into our weights, you may order:—

R. Hydrarg. iodid. rub., grs. xvss
Potass. iodid. 3ij-3v
Aque, fl. 3j-fl. 3vj.

Dissolve, and filter, and add simple syrup fl. 3j.

Sig.—A tablespoonful three times a day, each dose containing:—

R. Hydrarg. iodid. rub., gr. 4
Potass. iodid., grs. viij.

Chancere and Bubo.

CASE 3.—This man has a chancre on his frenum and a bubo in the left groin. The chancre might appear to be a hard one, but I warn you that this appearance may easily be presented by a soft chancre which has been so irritated that inflammatory deposits have been thrown about it.

Men often come to you, who have first attempted

to doctor themselves, or have been in the hands of some friend, or an apothecary. They will fresco their penises with nitrate of silver, or some other caustic. And, by the way, if any student of mine were to treat a chancre with nitrate of silver as the primary application, I would think he deserved to have one himself. It is perfectly useless in these sores. But the effect of such treatment will simulate a hard chancre, and you must not be misled by it. I believe that much of the difficulty in regard to the estimation of hard and soft chancres grows out of making such a mistake.

This man, however, seems to have a soft chancre. He says that he contracted it about three weeks ago; it appeared in about four days, and this bubo came about two weeks later. I find it to be sensitive; the skin is somewhat reddened, and the color disappears under pressure, returning when it is removed.

The chancre must now be cauterized, either with fuming nitric acid or the acid nitrate of mercury. The action of these caustics is rapid, and their application very painful, but the pain soon passes off. The nitrate of silver, on the contrary, acts only superficially. Nitric acid will be used here. I apply it from a pointed stick. Never use a piece of sponge or brush, as they take up too much acid, and cannot be so well applied. But take the stick, saturate the point, shake off the drops at the end, and touch the sore, so as to reach every part of it. Before doing this, I dry the surface with a piece of linen, and remove the gummy secretion adhering to it. You see how the acid pains our patient; but now applying some charpie dipped in oil, the pain subsides, and he tells us it does not hurt him.

Looking at the bubo, you see that it has had the hair all shaved off it. This enables it to be kept perfectly clean, and has been the regular proceeding in this house for some time, whenever a bubo came in. Upon the surface there shall be painted six coats of tinctura iodini twice a day, and in the intervals a half brick, heated as hot as it can be borne, will be wrapped in flannel and placed over the swelling. Thus we shall hope to cause the bubo to disappear by resolution, or by what people call "backening it." If at a later period a syphilitic eruption comes out, we may hear this man attribute it to the "backening;" but there is nothing in this; it is only an opinion due to popular ignorance. He will not receive any

June 3, 1876.]

Communications.

443

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so-called specific treatment, for he does not now need it. Good food and cleanliness will be secured for him, and perhaps a tonic—the potassium-tartrate of iron, for example—and we shall hope to soon see him much improved.

COMMUNICATIONS.

PUERPERAL ECLAMPSIA.BY W. T. CHANDLER, M. D.,
Of Campbellsville, Ky.

There is no more frightful accident that can befall the parturient woman than eclampsia. It is a moment when the weakness of humanity cries loudest for aid; all around are in confusion and terror, while none but the accoucheur himself is cool and self-possessed, and it is only experience and an innate consciousness of his ability to cope with the malady that can give him a steady hand.

The peculiar interest that has always invested diseases of marked fatality is nowhere more conspicuous than in the subject under consideration. Its importance, together with the successful issue of the case to be described, I hope will be deemed a sufficient apology for its recitation.

About a month since, I was summoned to a woman in labor, and found upon my arrival that she had been in repeated convulsions for over ten hours.

The first fit came on with the earliest pains, and was followed in about two hours by another, and this in still less time by a third, and so on, at decreasing intervals. The patient was a primipara, about eighteen years of age.

At the time I first saw her she was in a comatose condition; face livid, respiration sterterous, and pupils dilated. From this unconscious stupor she was only aroused by rapidly increasing convulsions, but to relapse again into the same somnolent state of mental inertia.

Making a digital examination per vaginam, I found the os uteri very rigid, barely admitting the phalangeal extremity of the index finger. The membranes were intact. The urine was found to be highly albuminous. My first resort was to venesection. The patient being moderately plethoric, I extracted about sixteen ounces of blood from the median cephalic vein, hoping to relieve, if possible, the alarming cerebral hyperæmia by diminishing the

amount of blood, and at the same time lessen the irritating effect of the urea upon the nervous system.

But the bleeding did no good, either as regards the coma or the severity or frequency of the convulsions; per contra, the symptoms of brain pressure seemed rapidly augmenting; stupor became more profound, and nervous insensibility more marked. The patient was now brought rapidly under the influence of chloroform by inhalation, with an immediate cessation of the convulsive seizures and stertorous respiration.

The necessity of artificial delivery having been determined upon, with the assistance of Dr. J. B. Buchanan I proceeded by first rupturing the membranes with my finger-nail, and then endeavored to rapidly dilate the cervix, but the os was rigid and unyielding; however, after about thirty minutes' pressure I succeeded in pressing two fingers into the neck of the womb; these I soon replaced by three, then four, when, by a rotatory motion, the entire hand was passed into the womb. I now attempted podalic version; but on account of the rigidity of the maternal parts, together with the spasmodic contractions of the uterus itself, I was unable to reach the feet of the child.

It was with some difficulty, owing to the strong contractions of the os around my hand, that I was enabled to apply and lock the forceps to the child's head. When this was done, however, the os, yielding to gentle pressure, was readily shoved above the blades of the instrument. By gentle intermitting traction the child was delivered alive in about twenty minutes; this was followed by the placenta, which was taken away in a few moments by gently drawing upon the cord. The patient, emerging from the influence of the chloroform, had another convulsive seizure, and was still in a comatose condition. The following prescription was ordered:—

B.	Chloral hydrate,	3ij
	Potass. bromid.,	3ij
	Aqua dest.,	f.3ij. M.

Sig.—Tablespoonful every two hours until relieved.

Only two more convulsions occurred, and they were not severe. On the following day the patient was free from convulsions, but still very stupid, with confused intellect and inability to micturate, necessitating catheterization. From

this time she did very well until the fourth day after delivery, when she was seized with symptoms of septic poison. She had a rigor, followed by fever, temperature varying from $102\frac{1}{2}$ ° to 104°, pulse from 110 to 125; anorexia, thirst, rapid emaciation, slight tenderness over the womb, with retention of urine. There was also delirium at night.

The discharges from the vagina were slight, but offensive. Ordered carbolized water to be used four times per diem in the vagina, to thoroughly cleanse the parts and destroy the fetid odor. Also ordered quinine, in eight-grain doses every four hours, with podophyllin and ipecacuanha to move bowels, *pro re natu*. After five days of such treatment, convalescence began, and the patient made a good recovery. I should have mentioned that she had from the beginning a free allowance of brandy and nutritious food: milk, eggs, etc.

Now, there are several points of interest that might be discussed under this head, while we draw a practical lesson from the case as reported.

Is there any efficacy in the time-honored venesection in the treatment of puerperal eclampsia? Volumes have been written about it, and the testimony of the highest authorities sanction it, but in my meagre experience blood-letting has done no apparent good, even when carried to syncope. When the indications are, however, to relieve cerebral hyperæmia, it is demanded to prevent a laceration of the cerebral vessels and effusions in the brain tissue.

I am certain that it is an unreliable procedure for controlling puerperal eclampsia, and, however well it may appear in theory, in practice it will almost generally prove a failure. Of all the therapeutical agencies in our pharmacopeia, chloroform by inhalation is the most potent drug.

In the second stage of labor, when the head of the child impinges upon the perineum, or is absolutely distending the vulva, nature alone may be left to complete the accouche-ment, the patient being brought immediately under the influence of chloroform on the first indication of eclampsia. But under all other circumstances I think artificial delivery absolutely imperative. I know that I traverse a strong current in medical literature by such a suggestion.

As a rule, convulsions will increase with augmenting severity until delivery is accom-

plished, after which they will sometimes entirely cease, though more frequently they will continue for a while, with decreasing severity. It is especially in convulsions that continue after labor, or originate at that time, that chloral, in twenty- to thirty-grain doses, every two to four hours, may be administered with advantage.

When convulsions come on in the first stage of labor, while the cervix is yet tense, and usually rigid from spasmodic contractions, the accoucheur should dilate the os either with Barnes' dilator, or, better still, with the hand, after the manner already described. The entire hand must be passed into the vagina for this purpose.

Convulsions occurring in puerperal women, aside from epilepsy and hysteria, may sometimes depend on causes other than uræmic toxæmia: e. g., the retention of urine with distention of the bladder, and the accumulation of fecal matter in the large intestines, etc.

The indications for treatment in these cases are to remove the cause.

When eclampsia seems to depend upon an abnormal hyperæsthetic condition of the patient, either as the result of hereditary dyscrasia or of mental perturbation, chloroform acts like a specific, by virtue of its anæsthetic properties.

TREATMENT OF AN ENLARGED CERVICAL GLAND BY HYPODERMIC INJECTIONS OF TINCTURE IODINE.

BY J. A. DIBRELL, JR., M. D.,
Of Little Rock, Arkansas.

During the latter part of the year 1875, I was consulted by Miss H., sixteen years of age, for the relief of an enlarged cervical gland, situated on the left side, one inch below and slightly in front of the angle of the jaw.

The tumor had attained the size of a hen's egg, was quite elastic, movable, and painless, and presented at no time during its present growth symptoms of suppuration, nor did it appear to contain the characteristic caseous material usually found in such tumors. This gland was the only one that had ever enlarged, and with this exception the young lady appeared to be enjoying good health. On questioning her father as to the existence of scrofula in his family, he replied that no member of it had ever had a similar affection; but on

June 3, 1876.]

Communications.

445

being closely interrogated he recollects that his wife, who was now dead, had a scar upon her neck, that might have resulted from the same disease. I was, therefore, probably not wrong in attributing the growth to a scrofulous taint. This opinion was further strengthened by the fact that the tumor had a year previously suppurated, and had been lanced by her physician, the scar resulting from the operation being plainly discernible. After this the tumor quickly subsided, but began in a short time to enlarge again, until it assumed the proportions already indicated, and was still steadily growing.

The patient was importunate in her requests that the tumor should be removed by excision, and she thus be relieved of the deformity.

I determined first to try the usual constitutional and local treatment employed in like cases, and if I could not by these means succeed in curing it, to yield to her request, and extirpate the offending gland. With this view I prescribed potass. iod. syr. ferri iod., ext. stillingia fid. in a menstruum of syr. sarsæ comp.; locally, tr. iodini comp. This treatment was continued for a reasonable length of time, without benefit to the patient.

I now determined to inject the gland itself with tinct. iodine; I therefore thrust the needle of a hypodermic syringe into the centre of the gland, and injected fifteen drops of the tincture. This treatment was employed, at intervals of one week, for thirty days, without decreasing the size of the tumor. At the expiration of this time, on introducing the needle, three syringefuls of a clear fluid, containing some light flocculent material, were withdrawn, using the syringe as an aspirator. The cavity thus made was at once injected with tr. iodine. Into the hole made by the needle a piece of lead wire was introduced, the outer end being bent down on the surface of the tumor, and held in position with a piece of adhesive plaster. The gland was now injected every third day for three or four weeks longer, when all treatment was suspended, and the wire withdrawn, and the needle introduced into the opening. This method was far less painful than to make a new puncture at each sitting. The wire doubtless acted beneficially in stimulating the absorbers, and the gland was thus more rapidly taken up.

I had the satisfaction of seeing the tumor disappear, without the retention of a disfiguring

scar, beyond that produced a year previous to the present treatment of the case.

Dr. Morell McKenzie (*Medical Times and Gazette*, May 29th, 1875) says that by this treatment a cure may be effected either by resolution or destruction. He finds acetic acid the best for promoting resolution. With this agent he treated twenty severe cases. Fifteen were completely cured by resolution; four greatly benefited; in five suppuration took place, and three patients discontinued treatment without benefit. For treatment by destruction, Dr. McKenzie thinks a solution of argenti nitras, one drachm to the ounce, answers the best, not more than five drops of which must be used at a time.

We have in this mode of treating these indolent tumors, I think, one far superior to any hitherto introduced. The results certainly seem more satisfactory, and though protracted, it is particularly applicable to such cases occurring in females, when the retention of a number of disfiguring scars is a matter of no small consideration.

NOTICE OF THE LATE SIR WM. WILDE
AND DR. WM. KRAMER.

BY LAURENCE TURNBULL M. D.,
Of Philadelphia.

In No. 1000 of this journal, I gave a brief notice of the death of Sir. William Wilde, the great reformer in the science of otology, who, after a well-spent life, full of labor and honor, died, like a full shock of corn, ready for the garner. The memory and deeds of such a man should be cherished and emulated by the rising generation of young aural surgeons. As early as 1842, he published his *Lectures on Aural Surgery*, which were issued in book form in London in 1843, and republished in the United States (Philadelphia) in 1853. In no work prior to this, in the English language, was the rational pathology and therapeutics of diseases of the ear dwelt upon so completely. As he himself observes, "his object was to lay down just principles for an accurate diagnosis of diseases of the ear; to rescue their treatment from empiricism, and found it upon the well-established laws of modern pathology, practical surgery, and reasonable therapeutics." The work was a practical one, the result of extensive experience, and could have been undertaken by few men so well fitted for it as the author. Pos-

sessed of extraordinarily quick perceptive faculties, highly cultivated by early discipline and use, of mature judgment and consummate skill, of untiring zeal and industry, and of high literary attainments, few surgeons have had better opportunities, or could have made better use of them, than Mr. Wilde. St. Mark's* Hospital for Diseases of the Eye and Ear, the field of his public labors in these branches, was an institution of his own creating, which has been in operation since 1842.

The work of Sir William was translated into German, and was well and favorably received, impressing the writers and readers of that country with the idea that diseases of the ear in many instances depend upon inflammation. This idea he carried too far, recommending depletion and the free use of the mercurial treatment in almost all the acute and even chronic diseases of this organ. He introduced the convenient conical specula, modified by Gruber, of Vienna, banishing the double-valved one of Kramer. Dr. A. Hewson brought specimens of them into Philadelphia, and from thence they were carried all over the United States. With them and the mirror of Hoffman and Von Tröltzsch, with the air-bag of Politzer, these three agents revolutionized the treatment of diseases of the ear. Another most valuable aid in diagnosis we owe to Sir William Wilde's suggestion; that is, rhinoscopy, or a practical manner of examining the posterior nares and Eustachian tube, which was brought into actual practical use by Professor Czermak, of Prague, and is now recognized and employed by all truly scientific aural surgeons. Although we stated that this distinguished aural surgeon carried his ideas of inflammation a little too far into practice, yet we have often witnessed his judicious method of treating "otitis externa diffusa" by the employment of leeches within the first twenty-four hours (and followed by an anodyne of morphine to give sleep). Sir William states that if the leeches are freely applied, in this disease, on the *tragus*, they will check the disease or cut it short. This same plan and place is to be selected in acute attacks of aural catarrh, for the reason given by Sir William, that at this place the blood is most easily drawn from the cavity of the tympanum.

* By a typographical error in the notice of Sir William Wilde's death, St. Mary's Hospital was used instead of St. Mark's.

This authority made an important distinction between the inflammation of the membrana tympani arising from the throat and Eustachian tubes, which occurs in the exanthema, and attacks the membranes, as we say, from the rear or posterior surface, and which is not an active inflammation, but the result, as in scarlet fever, of an ulcerative, destructive, or asthenic condition. He gave the term *myringitis* to an inflammation of the drum-head, dividing it into acute, subacute, syphilitic, strumous and chronic. And this local lesion is as well defined as scleritis in the eye. The acute inflammation of the membrana tympani is distinguished by the vascularity, which is generally seated in the true fibrous structure or layer, and is usually the result of cold or cold winds, and often attributed to the rheumatic diathesis. On page 224 of the author's work will be found a most accurate description, which has been adopted and followed by our highest authorities.

In the work of the celebrated Von Tröltzsch, translated from the German by the late James Hinton, London (1874), will be found, on page 27, a condensed account, in which he states:—"Acute inflammation of the membrana tympani, myringitis acuta, mostly commences suddenly, and at night, after any determining cause, with severe boring-and-tearing pains in the bottom of the ear, etc.; the membrane presents very marked deviation from the normal state. At first it is strongly injected, but the distended vessels appear less distinct as soon as the infiltration of the epidermis is more advanced. The surface then loses all lustre, and appears dull; the handle of the malleus becomes indistinct, from infiltration of the layer of the cuticle which covers it; it is represented, at most, by a reddish, vascular line, and the membrane appears uniformly flat."

This is our own experience, and although the disease is rare, yet in many acute cases we have seen it in private practice, and the chronic form is much more numerous in our out-door clinics and hospitals.

Dr. Wilde invented a most valuable instrument, the polypus snare, which has been variously modified, but still holds its place in the hands of most aural surgeons.

Another important suggestion of Sir. Wm. Wilde was the incision which he recommended for the relief of pain and swelling of the mastoid in periostitis, and which has been carried out

June 3, 1876.]

Communications.

447

to the safety of many a valuable life. There are many minor matters, by which, if we had time and space, we could show how this classical author on aural surgery advanced over his predecessors, and made aural surgery worthy of the study of the best minds in the medical profession.

The late William Kramer, of Berlin, whose name we have associated with that of Sir William Wilde, at the head of our article, was the very opposite of Wilde in his views of the true nature, pathology, and treatment of diseases of the ear; still, they both aimed at the advancement of the knowledge of this subject, and the works of the latter have done much for the subject of otology, both in Germany and England. His first work was "An Essay on Chronic Deafness," published in 1832, and this he afterward enlarged and published as a system of aural surgery, in 1836. In the following year it was admirably translated into English by Dr. J. R. Bennett; and Wilde says of it that it was decidedly the best special treatise on the subject which had yet appeared in that country (England), where it exercised a most salutary influence upon the diagnosis and treatment of diseases of the ear. So much did the English medical men think of Kramer, that as late as the year 1863 there was issued "The Aural Surgery of the Present Day," by him, under the authority of the New Sydenham Society, translated by Henry Power, Esq. In this work he still dwells upon his hobby, instrumental investigation, and the cure of nervous deafness by vapor of ether, rejecting all pathological investigations, except by experiments conducted upon a dead body or a glass model, and adheres to his valvular speculum, which he introduced. He also gave us the air-press, by which steam and vapor of various kinds could be introduced into the Eustachian tube and middle ear. We cannot dwell long upon his fame or writings, but shall give, from a German work on aural surgery,* their views of him and his labors, now that he has passed away.

WILLIAM KRAMER.

On the 5th, 6th, and 7th of December, 1875, within the space of three days, four distinguished German physicians were called, by death, from their respective rolls, viz.: Martin, Samt, Schultzen, and Kramer.

William Kramer died December 7, 1875, in the 74th year of his age, after an illness of three months, from erysipelas-migrans. At eight

years of age he lost his father, a well-known and esteemed physician, and to the early training, both religious and moral, of a devoted mother, he owed much of his success. In his eighteenth year he entered the University of Berlin, and in his 35th year (1836), published his first work, which was very well received. In 1849 followed his second edition, which was recognized and translated in England. In advanced life he was energetic enough to master the English language, by which he attracted and taught many students. In 1860 he was called to consult with the physician to Queen Victoria, in London, where he remained the recognized authority on diseases of the ear, until 1866. In 1874 he gave up active practice, and devoted himself to the establishing of a son in London.

We are indebted to Kramer for the improved method of examination with the aural mirror; his extended application of the Eustachian catheter, as well as its methodical manipulation; his use of the sound, and the value of auscultation for purposes of diagnosis; further, for his accurate diagnoses, characterized by critical examinations, with a determination of settling all questions sub-judice. In his nature he was conservative, perhaps too much so, and hence was distrustful of all new departures in the way of methods of treatment, etc. Not because, as Billroth affirms in his work, 'Lehren und Lernen,' 353 (Teach and Learn), the therapeutics of otology are the most thankless and uncertain department of surgery, nor that a certain amount of heroism is connected with it, nor that so much has to be sacrificed to it, but because of the difficulty, in former times as well as at present, that, through the disfavor of external circumstances, whether correct or incorrect, objections, mistrust, would creep in. Against these, as well as all forms of charlatany, Kramer labored his life long, and during forty years of active practice of aural surgery.

When we reflect upon the knowledge and truth he has labored so patiently with all his energy to establish, we must render to him an honorable tribute, not only as a man, but as the most assiduous physician within the domain of aural surgery (otology).

—Professor Korner, who occupied the chair of Clinical Medicine at Gratz, has lately died of meningitis, after a three days' illness.

* Archiv für Ohrenheilkunde, xi bd., 1 hft.

HOSPITAL REPORTS.

LONG ISLAND COLLEGE HOSPITAL,
APRIL 1st, 1876.

CLINIC OF PROFESSOR JARVIS S. WIGHT.

Reported for the MEDICAL AND SURGICAL REPORTER by Benjamin F. Westbrook, M. D.

Case of Fracture of the Inferior Maxillary Bone.

R. S., aged twenty-nine, a laborer, was injured, two days ago, by a blow on the face from a club.

The first sign to which your attention is called is the displacement of the anterior portion of the bone, downward and backward; showing that the fracture is oblique, extending from without inward and backward, and from above downward and backward, as is frequently the case. The obliquity of the fracture from without inward and backward, splitting the bone, as it were, evidently more widely opens the dental canal, and so exposes a greater length of the nerve and vessels than where the fracture is transverse; so that displacement could be more marked without injury to those structures. The action of certain muscles comes into play here. The posterior portion is held backward and upward, in its proper position, by the temporal, masseter, and internal pterygoid muscles; while the anterior portion is drawn downward and backward by the digastric, part of the mylohyoid, genio-hyoid, and genio-hyoglossus.

The next sign is bony crepitus. In examining for it, you should use the greatest care, so as to avoid injuring the dental nerve and artery. In this case, the nature of the injury is so manifest that we will not pain the patient by trying to get this sign.

Preternatural mobility, pain, and a break in the dental arcade are the other three signs. You see, in this case, that the regularity of the dental arcade is interrupted at a point between the left bicuspid teeth. When the neighboring teeth are loosened, push them back into their sockets, and they will usually remain. If a tooth in the line of fracture is very loose, the best authority tells you to pull it out. You see we can replace the displaced bone almost completely. The reduction can usually be thus easily accomplished, but sometimes it is extremely difficult (as in a case reported by Dr. Buck).

As for splints, some have used ligatures of silver wire and other flexible substances to tie the adjoining teeth together, and thus maintain proper apposition of the fragments. This plan has often been found undesirable, and sometimes pernicious. I would recommend to you the interdental splint. It is made of various substances. Gutta-percha is frequently used, a simple flat piece being warmed and moulded to fit the teeth. A better splint is made of hard rubber. Wax is softened and placed between the jaws; the lower maxilla is

then pressed up against it, and an impression of the form of the dental arcade is thus obtained; then a cast of plaster-of-paris is made from this, and the rubber moulded to the cast. It is then vulcanized*. You see how admirably this one, made in the way I have described, answers the purpose.

To keep the jaw up, we mould a piece of gutta-percha to fit the chin, cut holes in it for ventilation, and pad it with a little cotton. I lift the jaw and press it backward a little, in order to bring the fractured surfaces in apposition.

Many forms of bandage have been applied to retain the jaw in place; the principle in all is the same, viz., to pull the jaw upward and backward. I will secure this with a six-tailed bandage, in the central portion or body of which you see me cut a slit, so that it will catch upon the chin supporter and not slip. The two posterior tails (one on either side) are brought up almost vertically and cross the vertex just in front of the coronal suture. The middle tails pass upward and backward over the ears, and the anterior ones are carried directly backward above the occipital protuberance, the occiput. Notice the way in which they are secured. I have here an oblong pad, about two inches wide, which is placed on the top of the head, and is long enough to reach from the forehead to the occipital protuberance.

Here is a piece of ordinary wire (screen) cloth, zinc-coated, of the same length and breadth, nearly, as the pad. It is a little smaller, so that its edges may be guarded. You see that in six places, three on each side, I have cut through some of the wire meshes, leaving thus free points, directed toward the centre, that are used as buckles. The ends of the bandage I now draw through these cut spaces, and buckle them as tightly as is necessary.

NOTE.—The patient returned to the surgical clinic two weeks after the dressing was applied, and it was found not to have become displaced sufficiently to require the slightest readjustment; and at the end of four weeks all appliances were removed, showing as perfect a result as has ever been obtained in this institution.

MEDICAL SOCIETIES.

NEW YORK PATHOLOGICAL SOCIETY.

Stated meeting, April 26th, 1876, Dr. Charles K. Briddon, President, in the chair.

Report of Cases of Exsection of Hip-joint—Fish Bone Removed from Pharynx.

Dr. L. A. Sayre presented specimens and read the histories of eight cases of morbus

* The vulcanized rubber used by dentists, and of which this splint is made, is said, by some, to be objectionable, from the fact of its being colored red with vermillion. Cases of mercurial sore-mouth, from wearing this substance in the mouth as a plate for artificial teeth, have been reported. Perhaps it is better to use black rubber.

coxae, in which he had exsected the hip-joint. The first case was a child four years old; family history good; parents did not remember that the patient had ever received any injury. The child was greatly debilitated, owing to a profuse discharge of pus proceeding from the affected joint. On March 28th, 1875, exsection was performed. On opening the joint, it was found that the head and neck of the femur had been absorbed, and that the upper portion of the shaft was covered with a thick involucrum. The femur having been sawn off below the lesser trochanter, it became a necessity to remove an additional fourth of an inch of the bone, which was diseased. The patient was then placed in a wire cuirasse.

June 13th, 1875.—Sinuses nearly closed. Patient placed in long extension splint.

January 1st, 1876.—Can walk with splint applied; some motion at hip-joint; sinus on posterior of ilium not entirely healed.

The second case was that of a boy, aged five years; family healthy. Two years and a half before, the patient fell and struck his knee, from which time the disease dated. Blisters had been applied at intervals, at the seat of the disease. When Dr. Sayre saw the patient, he was greatly emaciated, and the disease of the hip-joint was in its third stage. On April 31st, 1875, the joint was exsected. The head of the femur had been partly absorbed, and a portion of it was lying loose in the cavity of the joint. Perforation of the acetabulum was detected, and the neck and part of the shaft of the femur were absorbed.

February 2d, 1876.—Sinus closed. There is motion at joint. Can stand upon leg on removal of splint.

The third case was that of a girl, six years of age; family history good; no recollection of having received any injury. Has been lame since February, 1872. When Dr. Sayre saw the case, the following condition was observed: The leg was shortened, fixed and adducted, and two sinuses were found on the anterior aspect of the thigh. Exsection was performed on March 31st, 1875. The head and great part of the neck of the femur had been absorbed, and the acetabulum perforated to the extent of half an inch in diameter. The femur was sawn off half an inch below the lesser trochanter. Fragments of dead bone were removed from the acetabulum. In August, 1875, the child had almost thoroughly recovered.

The fourth case was that of a girl, aged five years. The patient, when seen by Dr. Sayre, was in the third stage of the disease. No history could be obtained. There was partial ankylosis of the limb, and in the position usually characteristic of hip-joint disease. Several sinuses were found, opening on the outer and posterior parts of the thigh. The usual operation was performed on September 22d, 1875. The head had been absorbed in great part; its remaining portion was unattached in the joint. The acetabulum was perforated; in the opening were found remains of the head

of the femur. The femur was sawn off above the lesser trochanter.

November 18th, 1875.—Patient removed from the cuirasse and placed in the long splint.

February 2d, 1876.—Since the application of the long splint, the patient has been walking about. The long splint was removed, and instead a short hip one was applied. The sinuses were almost closed.

The fifth case was that of a girl, aged three years, of healthy parents. No history of injury. The first indication of the disease appeared in the summer of 1874. During the summer of 1875 an abscess made its appearance on the posterior aspect of the thigh; this continued discharging at the time the operation was performed. There was ankylosis, shortening, and adduction of the limb. On September 29th, 1875, exsection was performed. Absorption of the head, neck, and part of the greater trochanter had occurred. The acetabulum was perforated. The dead bone having been removed, the patient was placed in a cuirasse.

December 13th, 1875.—Patient can walk about.

The sixth case was a girl, seven years old; she had jumped from a high stoop two and a half years before the operation, from which time she complained of her hip. A diagnosis of morbus coxae, in the second stage, was made by a physician who saw her three months after the occurrence of the accident. The application of a short splint was resorted to, and worn by the patient for three months with benefit, but was discarded during an attack of scarlet fever and was never reapplied. The limb was flexed, adducted and ankylosed at the time of the operation, and a number of sinuses were seen near the hip, through which, when a probe was introduced, could be detected the presence of dead bone. The exsection of the hip was performed on December 15th, 1875. Partial absorption of the head of the bone had taken place. The femur was sawn off below the lesser trochanter.

February 2d, 1876.—Patient placed in long splints.

The seventh case was a boy, aged nine years, whose mother died of phthisis. The disease existed for three and a half years before the patient's admission to Bellevue Hospital. On entering the hospital, flexion of the right leg at the hip and knee joints existed, and an abscess was detected over the right anterior spinous process. Symptoms of amyloid degeneration of the liver and kidneys were manifested. Exsection was performed on February 2d, 1876. The head was partly absorbed and the acetabulum perforated, through which the head of the femur had passed, making luxation impracticable until the bone had been sawn off below the trochanter minor. There was some hemorrhage from the involucrum, which was controlled by a compress. The child was placed in the wire cuirasse, which had subsequently to be removed, on account of a bed-sore. It had then to be placed on a water bed and a splint applied to the unaffected side. The patient died on April 19th, 1876, from exhaustion.

tion. On post-mortem examination, it was found that the liver, spleen and kidneys were waxy.

The eighth case was that of a boy eight years of age, whose family history was good. Five fistulous tracts, leading to diseased bone, were detected by Dr. Sayre. Exsection was performed on April 5th, 1876. The head and neck of the femur were absorbed, and the acetabulum was perforated. An abscess was found to exist between the ilium and inner periosteum.

Dr. Erskine Mason wished to know how many of the whole number of cases upon which Dr. Sayre had operated had died within the first year after the operation.

Dr. Sayre said that he could only answer from memory, but he did not think that more than eight had died, and of this number only three were uncomplicated.

Dr. Mason thought that in almost all of the cases where lengthy suppuration had occurred there was amyloid degeneration, and he was of the opinion that it became important to ascertain if, after exsection of the diseased bone, the amyloid degeneration was arrested in its progress. He referred to a case upon which Dr. Sayre had operated a few years ago, the patient having recovered, though there had been extensive amyloid degeneration of the liver and kidneys.

Dr. Sayre said that the condition of this patient had been unfavorable in the extreme, and that after his recovery from the effects of the operation his health continued good for upward of two years, at the end of which he died of an attack of acute nephritis, caused by exposure to cold. This patient's age was ten. No autopsy had been obtained.

Dr. Gibney said that he had remarked that when patients were affected with extensive degeneration of the viscera the arrest of a chronic discharge of pus lessened the amount of degeneration, as shown by a diminution in the size of the liver and a decrease in the amount of albumen and casts in the urine.

Dr. Knapp thought that it was impossible, in the present condition of pathological research, to state what might be the duration of amyloid degeneration. He mentioned a case of amyloid degeneration of the choroid, which he had presented to the society at a meeting in June, 1873. Not long ago he had seen the patient, whom he had found in perfect health. The arteries of the choroid had been involved in the degeneration.

The other specimen presented by Dr. Sayre was the shoulder of a codfish that had been removed from the pharynx by a parachute probang.

Morbus Coxa.

Dr. A. B. Crosby presented a specimen of hip-joint disease, in which the cure was spontaneous. The history of the case showed that it had gone through a suppurative stage of long duration, resulting in death. Drs. Sayre and

Crosby had examined the case, but as a cure had occurred which was almost complete, it was thought best not to operate. A cure was manifested by firm ankylosis and decrease of suppuration. The autopsy showed that the tissues near the joint were quite healthy, with the exception of sinuses leading from three openings in the ankylosed articulation; one sinus was detected passing in front of the anterior inter-trochanteric line, and discharged pus into an abscess situated on the inner side of the thigh; another sinus originated from an opening in the roof of the acetabulum, and communicated with an abscess immediately below the pubes. A button of bone had been removed by the trephine from the anterior surface of the joint before it was shown to the Society. By this little device a view of the interior of the joint was obtained, and the remains of the loose carious head were visible. The whole of the head would have become disintegrated, and the fragments would have found their way out through the sinuses, had the patient's strength not failed.

Dr. Crosby was in favor of operating as soon as dead bone was discovered.

Dr. Sayre thought that if no improvement followed drainage and extension, it would be advisable to operate. When cases are left without any treatment, the results are a slow cure, with ankylosis and shortening.

Epulis of Inferior Maxilla.

Dr. Beverly Robinson presented a specimen of epulis which he had removed. He gave the following history:

The patient, a female, first noticed a swelling of her gum, to the left of the median line, three years ago, which gradually became larger in size for six months, when she became pregnant. During her pregnancy the tumor grew rapidly in size, but after delivery became less rapid in its development. The patient was first seen one month ago, at which period the tumor was of the appearance and size of a cherry. It was sensitive in damp weather, but was not painful otherwise. Upon examination the tumor was found to be of a rosy hue and attached to the left lateral incisor by a broad base, but was not adherent to the bone; no pulsation could be detected. The operation for its removal consisted in excising a portion of the bone at the base of the tumor. On making a section of the tumor it was found to be homogeneous, and did not contain an incisor tooth, as had been suspected. A microscopical examination of the growth showed it to belong to the class of spindle called sarcoma. The glands in the vicinity of the tumor were not enlarged.

Dr. Mason stated that he had seen several cases of epulis return after the operation. In one case the disease reappeared four months after the operation.

Dr. Crosby said that in one case in which he had operated, he removed the tumor and periosteum; the disease, however, had reappeared one month later. Subsequently he had had

occasion to operate again, when he removed a portion of the subjacent bone, without a recurrence of the disease.

Dr. Briddon said that in two or three cases he had remarked that there was no enlargement of the glands in the vicinity of the disease.

Sarcoma of Tongue and Pharynx.

Dr. Delafield presented the larynx, pharynx, and the posterior part of the tongue, with a history as follows:—

A woman aged 77 years had been admitted to Roosevelt Hospital on March 17th, 1876. She had noticed an enlargement of the cervical glands of the right side four months before her admission to the institution. Shortly afterward a small tumor had made its appearance on the right side of her tongue, extending over the base and involving the pharynx and posterior nares. Dr. Weir had excised a portion of the tongue. During the operation the patient had become asphyxiated. Tracheotomy was performed and the patient recovered, but died of bronchitis eleven days later.

Autopsy.—The tongue at its base, the walls of the pharynx, the posterior nares, and a portion of the epiglottis were involved in the disease. Infiltration of the cervical glands and tissues of the neck was found. The lungs were the seat of lobular pneumonia and gangrene.

Dr. Delafield was of the opinion that the inhalation of particles of gangrenous matter from the tumor in the mouth had been the cause of the condition in which the lungs had been found. A microscopical examination showed that the disease belonged to that variety of sarcoma which originated in the lymphatic glands. Though the clinical history of the case would lead to the idea that the disease was epithelial in character, the microscope failed to show it.

Dr. Delafield stated that he had never before seen a tumor showing the same characteristics as to locality and progress. He further said that he knew of no reported cases.

Dr. Heitzman said that he had seen a case like it.

Dr. Beverly Robinson mentioned the case of sarcoma of the neck which he had presented a few months ago. He knew of no other case of the kind.

Fracture of Femur.

Dr. Erskine Mason presented a specimen of the head, neck, and part of the femur. The history was as follows:—A negro woman, aged sixty, had received an injury producing fracture of the femur below the trochanter. She had Bright's disease and bed-sores, and survived a few months after the occurrence of the fracture. She had been treated by Buck's extension. At the autopsy complete union of the fracture was found.

The other specimen presented by Dr. Mason showed two oblique fractures of the shaft of the femur. A woman, aged seventy, while walking, had fallen, and had received the above-named injury. The treatment had consisted in the application of Buck's extension. She died forty days after receiving the injury, of bronchopneumonia.

The point of interest connected with the case was the situation of the fractures. In such an old person intracapsular fracture would be expected, and not fracture of the shaft.

Suppurating Bursa.

Dr. Post presented a specimen of a bursal sac, removed from a patient aged forty-five. It had existed for six years, but commenced to suppurate during the past few months.

EDITORIAL DEPARTMENT.

PERISCOPE.

Hypodermic Use of Ether in Labor.

The following case is recorded in the *Medical Press and Circular*, by A. V. Macan, M. B., Assistant Physician to the Rotunda Hospital, and Obstetric Surgeon to the City of Dublin Hospital.

The patient, who was pregnant for the eleventh time, had had good health till within nine weeks of her confinement. She then began to complain of a gnawing pain in the lumbar and hypogastric regions. The abdomen was much larger than in any of her former pregnancies, which was caused by hydrops amni. The amount of urine passed was much below the

normal quantity. The labor was very tedious, from uterine inertia. The membranes were therefore ruptured, when an immense quantity of liq. amnii escaped. The fetus belongs to the class of anencephalous monsters, the diagnosis resting chiefly on the unusual shape of the mastoid processes, and the violent movement of the fetus when the finger came in contact with the exposed portion of the medulla oblongata. It was born without artificial assistance, but its birth was followed by post-partum hemorrhage and retention of the placenta. This necessitated the manual removal of the placenta, which was accompanied with but slight additional loss of blood. The woman, however, got gradually worse, exhibiting all the symptoms consequent on severe loss

of blood. I therefore determined to try the effect of the subcutaneous injection of ether, as recommended by Professor v. Hecker, of Munich.

As some blood was still escaping *per vaginam*, I thought it necessary to combine it with the injection of the perchloride of iron into the uterus. Soon after 44 m. of ether had been injected well into the cellular tissue of the abdominal walls reaction suddenly set in. The change was so sudden and unusual that no doubt could be entertained that it was due to the ether. The woman's convalescence was rapid and uninterrupted, she being able to leave her bed on the twelfth day.

The chief point to be attended to in making the injection is to pass the syringe well down in the subcutaneous cellular tissue, otherwise troublesome abscesses may form at the seat of the injection. The quantity to be injected depends entirely on the pulse. Professor v. Hecker frequently injects from two to four drachms at short intervals. The effect is very transient, so that the injection may have to be repeated. Its use need not be confined to collapse from post-partum hemorrhage. I have also tried it in accidental hemorrhage, rupture of the uterus, and puerperal fever, in all cases with more or less effect. Dr. Athill, the present Master of the hospital, has used it with good effect in a case of *placenta prævia*, and it has been used by Dr. Bennett and Dr. Croly for collapse in cases of strangulated hernia. Professor Winckel, of Dresden, has used it in a case of pulmonary embolism following delivery, where it completely relieved the intense paroxysms of dyspnoea.

Treatment of Orchitis.

In the *Lancet*, Dr. J. R. Beck, of Indiana, details his treatment of orchitis as follows:—

I premise with the declaration that while the application of the principle may have been original with me, yet the principle itself is a very old one, and therefore no credit attaches to my application of it. The point to be gained in the treatment, as it appears to me, is to reduce the swelling as rapidly as possible. This may be attained in numerous ways, notably by the old method of "strapping." But strapping the organ is open to two very serious objections: 1st, that it does not furnish an equable support and pressure; and 2d, that it has to be frequently renewed, and thus makes too much work for the surgeon. All this I avoid by simply taking what are called "male safes" or "condoms," two of which I combine by introducing the one within the other, and drawing this "glove," as it were, over the testicle. I have lately used the toy balloons, which are made of india-rubber, for the same purpose. This is all I do for these cases. The rubber exercises equable and continued pressure upon the testicle, and the patient walks away very much happier than any punctured cases. I am a little surprised that none of your correspondents ever hinted at this plan,

seeing that I published it nearly or quite three years ago. No internal treatment of any kind is deemed necessary.

Dr. E. Lloyd writes on the same subject:— Of late I have pursued a plan of treatment (I believe first introduced by the late Mr. Moore, of the Middlesex Hospital) which has proved in my hands more efficacious, and which, I think, recommends itself for its extreme simplicity and inexpensiveness; moreover, in private practice patients have a dread of cold steel when it can possibly be avoided. The testicle is first immersed in water as hot as can be borne, and kept in it from ten to fifteen minutes, immediately to be followed by a stream of cold water poured over it from a height for five minutes. The latter causes a certain amount of aching pain, and, by contracting the darts, corrugates the scrotum, speedily diminishing the size of the testicle, with subsidence of the inflammation and pain, the patient experiencing relief in a very short time. The hot and cold water may have to be repeated two or three times a day for a few days; but frequently the patient is so far recovered in the course of four-and-twenty hours as to be able to follow his usual avocation without any inconvenience, requiring no further treatment beyond the continuance of the suspensory bag.

Glycosuria from Injury.

At a late meeting of the Clinical Society of London, Dr. Buzzard related a case of glycosuria following cerebro-spinal concussion. The patient, a watchmaker, aged forty-one, stepped out of a train on the night of January 17th, 1875, alighting on the permanent way instead of the platform. The distance was about three feet, and he fell heavily on the soles of his feet. He felt a "rick" in his neck and numbness across the cervical region, but was able to walk home. He went on with his work for a week, sleeping badly, and with occasional numbness in the back of his neck. A week later there was loss of power in both legs and in the left arm, and some numbness in the soles of the feet. From February 1st to 15th there was loss of power in the left arm and leg, but at the latter date he resumed his work. Dr. Buzzard saw him, in consultation with Mr. Shurlock and Dr. C. Bennett, on April 1st; there was then some want of power in the legs, and slight loss of sensation and of power in the left hand, tremulousness of the jaw on movement, hesitation and thickness of speech, and a rapid pulse. The symptoms pointing to injury to the medulla oblongata, Dr. Buzzard suggested an examination of the urine for sugar, and on testing it sugar, to the amount of two or three grains in the ounce, was discovered. The patient had his urine tested from time to time, and the quantity of sugar increased during the twelve months which had elapsed. The sugar was constantly present, except for a short time when he was on restricted diet. The patient made a claim against

the railway company, and the case came on for trial, but was compromised on account of the unfavorable report of the company's medical advisers. At the present time, although the muscular symptoms had disappeared almost entirely, the urine was still saccharine, and when recently examined by Dr. Pavé contained nearly nine grains of sugar to the ounce; but the quantity of urine was not increased. Dr. Buzzard pointed out that the most important question medico-legally was whether the glycosuria resulted from the fall or had existed previously. There was no distinct evidence of ill-health before the fall, and the patient's weight, which, when first examined, was an average one for his height, decreased by one stone during the first three months; and if the same rate of decrease had been going on for some time, he must have been a bigger man than the evidence showed he had been. Dr. Buzzard attributed the glycosuria to the injury. He explained its occurrence by the fact that the shock would probably affect mostly the medulla oblongata and the base of the skull. Minute hemorrhage might occur, and subsequent irritation and sclerosis be induced. He raised the question whether a traumatic glycosuria might go on and develop into true diabetes. The continuance of the sugar in the urine for some months rendered the prognosis an unfavorable one.

A Case of "Angina Ludovici."

A case of the disease so called is described in the *British Medical Journal*, by Dr. A. Doig, as follows:—

Private R. J., 23d Fusiliers, aged 22, four years in service, was admitted on February 4th. He had been complaining for some time prior of swelling in the neck, which had increased to such an extent that he was forced to report himself sick. On admission, the swelling was chiefly confined to the left side; the submaxillary, sublingual, and parotid glands of this side were swollen, intensely hard, and very painful. The right submaxillary gland was also very hard and tender, but not swollen to the same extent. The lower jaw was fixed and partially open; the tongue was pushed upward to the roof of the mouth; deglutition was almost impossible; saliva dribbled from the mouth; breathing was somewhat difficult, and the pain and discomfort intense. His general state was one of great depression; his countenance anxious. He could get no sleep; and it was with great difficulty that he could be got to swallow a little nourishment. The skin over the swelling was of normal color, but slightly edematous under the angle of the jaw. Stimulants and nourishment were given frequently in small quantities, and fomentations continuously applied. The swelling continued, however, to increase, but never lost its intensely hard character; the skin became more oedematous, and breathing became more and more difficult. The agony was now intense; and, as pus was

suspected to be present, exploratory incisions and punctures were made under the tongue and externally, but no matter escaped. He continued in a state of the greatest agony up to the afternoon of the 8th, when he expired rather suddenly.

Examination forty-three hours after death.—A large swelling occupied the neck, chiefly on the left side, but extending somewhat to the right, and down to about midway between the lower jaw and clavicle. On removing the skin over the swelling, the tissues were found in a gangrenous state, being infiltrated with a brownish-colored, very fetid, semi-fluid matter. The tissues involved extended from the middle line in front to a little behind the angle of the jaw, and from the floor of the mouth above to the lower border of the cricoid cartilage below. All the tissues, glands, muscles and areoles were involved. The larynx was surrounded by the morbid mass, but the tissues posterior to the pharynx were not involved. The portion of the lower jaw in contact with the diseased glands was denuded of periosteum. The mucous membrane of the fauces—that covering the epiglottis, and the whole of that of the larynx—was in an edematous state. The tonsils were slightly ulcerated, but not involved in the destructive changes seen in the neck. The lungs were deeply congested, and both contained numerous hemorrhagic infarctions. At each apex a caseous mass was found, and the lung-tissue around contained numerous small deposits of tubercle. Both right and left cavities of the heart were filled with clots partly decolorized. Nothing abnormal was found in the other organs.

Symptoms of the Plague.

As there is some danger of this disease reaching Christendom, we give the symptoms as observed in Mesopotamia last year by Mr. Colvill. The person attacked first appears absent, and if away from home, say in the bazaar, he rushes away toward the house, speaking to no one, and entering his dwelling mechanically, so to speak, drops upon his bed as if in despair, or as if wandering in his mind. Then fever sets in, and the patient becomes stupid, his eyes red and turbid, his looks those of a drunken man; or he is delirious, and if asked a question answers only by groan. His tongue is swollen, generally blackish-brown, and fissured, sometimes white or yellow. There are invariably sordes about the teeth and gums, the thirst is intense, and in certain cases, if the patient be able to speak, he complains of pain in the epigastrum, as if being stabbed with a knife. There is little vomiting, but occasionally the patient vomits blood toward the end. The breathing is hurried, and the pulse, during the stage of feverishness, very rapid. The urine, as a rule, is natural, often pale and abundant; but, as the case goes on, blood is often passed from the bladder. There is almost always obstinate constipation (as in the great plague of 1665 in

(London); and when diarrhoea occurs, it is looked upon as a good sign. When the fever leaves, the patient bursts into a profuse perspiration and becomes sensible, though very weak.

At the time of the fever setting in, or oftener, a few hours afterward, there is intense pain in the groin, armpit, or neck, followed, and in some cases even preceded, by swelling of the lymphatic glands. No case occurred in which the swelling of the glands was absent. The glands of the groin were most frequently affected, next the glands of the armpit, the glands of the neck suffering more rarely. As a rule, the glands of one groin only were affected. Commonly several associated glands enlarged (not one only), one being much larger than the others—as large as a walnut or a pigeon's egg. Petechiae occurred in fatal cases. Carbuncles were observed in 1874, but not in 1875, and were looked upon as a good sign. In fatal cases death occurred from the second to the seventh day. If a case survived the twelfth day, it was considered to have escaped. The mortality during the first half of the outbreak was from 93 to 95 per cent. of those attacked. During the latter half of the outbreak the greater number of the attacked escaped.

The earliest cases of plague observed on the Euphrates in 1874 were almost all marked by black vomit, headache, fever, and swellings in the parotid, axillary, or inguinal regions, varying in color from pale red to black, and after death black spots (petechiae) were observed on the skin.

The Innervation of the Tensor Tympani.

The following are the conclusions of a paper on this subject, by Professor Voltolini, of Breslau, published in *Virchow's Archiv*, and translated in the *Journal of Nervous and Mental Disease*:

- Noticeable and strong contractions of the tensor tympani were incited by irritation of the trigeminus, which can be kept up for a long time in the dead body; the contractions almost always follow the application of a weak electrical current.

- The same result follows the irritation of the facial nerve, but almost always only with a powerful current; the irritation is, generally, soon exhausted.

- By this contraction of the tensor, the membrane tympani is drawn powerfully inward by the handle of the malleus; this, however, is naturally different in different species of animals: in guinea-pigs it is so slight that it can hardly be seen without the use of some mechanical appliance.

- With this contraction of the tensor and the consequent tension of the membrane, we see in the dead animal the lymph rise in the opened semicircular canals, and fall again on released tension.

- In no case, neither by irritation of the trigeminus, nor the facialis, nor even by

mechanical movement of the stapes, was there observed any simultaneous movement at the fenestra rotunda, that is, of the membrana secundaria tympani.

- Simultaneously with the irritation of the trigeminus and the resulting contraction of the tensor, there is contraction of the palatal muscles, and dilatation of the Eustachian tube as the anterior membranous wall is withdrawn from the posterior cartilaginous portion.

The conclusion from all the experiments is, that the tensor tympani is innervated by both the facial and trigeminus nerves.

Treatment of Cleft Palate without Operation.

The *Lancet* states that in St. Thomas' Hospital Mr. Mason has, at the present time, under observation several interesting cases of congenital cleft palate, which he is treating by the application of strong nitric acid alone, and consequently without the use of the knife. The ages of the patients vary from a few weeks to several years. Mr. Mason thinks that this method of effecting union is especially applicable to cases in which the cleft is of average extent, and even where the hard palate is partially implicated. In more severe instances the ordinary operation may be required. Mr. Mason finds that the application of the acid is attended with no pain or inconvenience whatever to the patient, and although the cure is more slowly accomplished, it has the advantage of being sure, and of completely closing the fissure in the most perfect manner, without the risk of the parts giving way, either wholly or partially, as too often happens after the usual operation of staphylorrhaphy. A further gain seems to be that the cases may be dealt with as out-patients, as in all the examples now under notice. Mr. Mason, after many trials, prefers the strong nitric acid to any other form of caustic.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—Among the poetical tributes to the Centennial anniversary, one of the best we have seen is by Mr. William A. Davies, of Mahanoy City, Pa. The *Press*, of this city, an acknowledged authority on such subjects, speaks of it as not surpassed by any as yet offered to the public. What adds a special feature to it is that the writer is a medical student; Professor T. S. Jones, who composed the music, is a pharmacist; and the publisher, P. A. Bissell, is a physician.

THE

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D. G. BRINTON, M. D., EDITOR.

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115 South Seventh Street,
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LICENSE LAWS.

It is not our intention to urge *ad nauseam* any subject on our readers, however important we may think it to be. And if we refer once more to the propriety of subjecting women who live by unchastity to police and medical surveillance, it is because it is a subject which will be discussed, by appointment, in several leading medical societies this summer.

A local paper, moreover, informs us that Mr. HENRY J. WILSON, of Sheffield, and the Rev. J. P. GLEDSTONE, of Chesterfield, England, are now in this city as delegates from an influential organization for the abolition of the license laws which exist in Europe and in some portions of our own country. Their special errand in Pennsylvania is to enlighten the public mind on the above subject, and in connection therewith, particularly on bill No. 88, introduced in March, 1874, by Mr. A. L. CRESSLER, into the Legislature, but not passed.

These gentlemen assert that the movement

for the abolition of the prostitution laws is gaining ground daily in England, France, Switzerland and Italy.

It will be observed that neither of these delegates is a medical man. Noticeable in this connection is it that not a single medical journal of any standing in Great Britain or on the Continent of Europe opposes these laws. They are all strongly in favor of them.

In the January number of the *Vierteljahrsschrift für Gerichtliche Medicin* is a very able article by Professor Dr. H. STROHL, of Strasburg, discussing in a dispassionate manner the propriety, the possibility, and the success and ill-success of this class of enactments. He gives the results of legislation and non-legislation in Berlin, quoting from BEHREND's work and the public hospital and police reports. For Paris, JEANNEL; for Bavaria, Dr. MAJER; for other countries, RYAN, ACTON, LAGNEAU, etc., are his authorities. He recognizes that those who start out with a preconceived absolute theory of right, and wish to bend to it every statute of legislatures, will oppose licensing in any form what is wrong. But when it is shown by undeniable evidence that such legislation has been powerful in diminishing crime, then either the conflict between it and the absolute theory of right is superficial and in appearance only, or else this theory requires modification.

Professor STROHL proceeds to examine the objections to such legislation. These are, that it does not stop syphilis; that it does not put an end to private unchastity; that it facilitates seduction; that the dread of infection should not be diminished, inasmuch as this dread is a preventive check to crime; that it is an attack on personal liberty to enroll public women; and that the State should always prescribe what is right, not aid what is wrong.

His answers to these objections are temperate and firm. Of the last-mentioned he quotes the remarks of HUGEL, in his *History of Prostitution* in Vienna:—

"The laws of a commonwealth must be

framed to meet the nature of man *as it is*, and make those concessions to it which its weaknesses require. The Church, setting before it the ideal man, as *he should be*, is right in allowing no such concessions, and should not yield in its zeal to secure the absolutely pure; but this zeal should never carry it so far as to interpose a categorical veto on the action of the State, because all the duties of the Church are not also duties for the State. The latter, framed for and by the citizens, must not, in its laws, pass beyond their condition and present needs, and wherever an unavoidable vice presents itself, must take cognizance of it. Such a vice is prostitution; it is, and it will be, and not the less, but the more and the more threatening, when it is denied, or persecuted, or passed over in silence as if it were not."

In concluding his article Prof. STROHL states that the evidence is complete that both the sanitary and moral interests of a community are benefited by the licensing laws. They should have, he goes on to say, a double purpose. They should prevent public immorality and the temptation of youth (of both sexes), and they should protect public health.

The former he deems justly the more important. Any one who contrasts the streets of Berlin or Paris with those of even provincial English cities, will observe how vice flaunts publicly and unrestrained in the latter, while in the former its enticements are at least concealed. Last summer a year the writer passed a few days in Paris, and shortly after a short time in Norwich, Norfolkshire. The contrast was most unfavorable to the latter. A man is accosted a dozen times there to once in Paris. Yet this is the state of things these English visitors seek to foster in this country!

NOTES AND COMMENTS.

The Medical Features of the Exhibition.

We give this week the first of a series of letters, which will regularly appear in the *REPORTER*, on the medical features of the Centennial Exhibition. They will be written by various gentlemen, each a competent judge of the department he will undertake. When com-

pleted, these letters, and the volumes which contain them, will have a peculiar and permanent interest. We commend their attentive perusal to our readers, whether they expect to visit the Exhibition or not.

The Man of the Fork.

About two years ago we mentioned the case of a young man in Paris who in jest swallowed a fork.

About three months ago Dr. Labbé thought the proper time was come to attempt gastrotomy. Accordingly, applications of caustic were made to insure adhesion between the organ and the skin, and the position of the fork, as indeed every other circumstance, seemed very favorable.

The fork has been extracted, but it has not been without great difficulty. The operation proved a most arduous and anxious one. Notwithstanding the attempts which had been made to secure adhesion between the stomach and the abdominal walls by successive applications of caustics, the peritoneal cavity had to be opened, and the operation was accompanied by all sorts of turns and risks. At last accounts the patient was doing well. He endured the operation very nicely, and no bad consequence took place.

Experiments on Bile.

At the Roman Academy of Medicine, lately, a paper was presented by Professor Morriggia, entitled "Certain Chemico-organic Experiments on some New Properties of the Bile," which maintained:—1st. That the acid bile precipitates alkaloids and glucosides, and redissolves them if added in slight excess. Professor Morriggia here asks whether the bile so prepared might not reasonably be regarded as an antidote for the poisonous alkaloids and glucosides; whether it is not capable of assisting the other antidotes more or less efficacious by its property of arresting the process of digestion of the gastric juice? 2d. That the bile precipitates all the albuminoids, or their derivatives, in acid solution; nay, that it is better supplied with this property than with the already known precipitants, while under given conditions it redissolves the precipitate, if added in slight excess. 3d. That the mucus of the bile is in great measure digestible by the gastric juice. 4th. That the bile slightly acid has a strongly-

marked antiseptic property. 5th. That the bile does not manifest any anti-digestive action on the saliva.

Nitrate of Silver in Phthisical Laryngitis.

Dr. J. Sawyer says, in the *British Medical Journal*:—

Phthisical laryngitis is a very painful malady, and, when it has passed into its second stage, it is always fatal. It is difficult to give much relief by treatment. But I wish to speak very confidently of the good results which arise from the frequent application to the larynx of a solution of nitrate of silver: one drachm of the salt to an ounce of water. In the first stage, this remedy stimulates the nutrition of the larynx, and so combats the local anaëmia; in the second stage it reduces the tumefaction; in the third it checks the ulceration. In all, it deadens the morbid and painful sensibility of the affected parts. Dysphagia always arises in this disease. It is often a very serious symptom. The tumid and tender larynx makes deglutition difficult. This condition is promptly relieved by the local application I have recommended.

Relief of Pain During Cauterization.

Dr. Levis, in the *Medical Times*, states that his practice is to apply pure carbolic acid on and for a short distance around each point of application of the cautery, before the patient recovers from the influence of the general anaesthetic which has been used. For convenience of application, the crystals of carbolic acid are deliquesced by warmth, and the liquid applied with a brush. The part is then covered with any light dressing. Should pain recur after extensive or deep use of the cautery, the application may be renewed; but Dr. Levis has not, in his experience, found that this is necessary.

A Hint to Medical Politicians.

In the Pennsylvania Legislature, this last session, there were no less than twenty regular medical men, yet important measures of medical legislation failed. We commend to all medical politicians in this country a foreign example. There are quite a number of medical men in the Chamber of Deputies of France. *L'Union Médicale* published the list, which amounts to forty-nine, with the localities they represent. A very important step was taken

by these professional gentlemen. A certain portion of them, to the number of about twenty, constituted themselves into a committee, which, independently of politics, intended to discuss questions referring to hygiene and sanitary science. Unity of action on sanitary legislation could thus be secured.

CORRESPONDENCE.

THE CENTENNIAL INTERNATIONAL EXHIBITION.

Letter I.

THE U. S. ARMY MEDICAL DEPARTMENT.

CENTENNIAL EXHIBITION, May, 1876.

ED. MED. AND SURG. REPORTER:—

As you have expressed the wish to open the descriptive series of letters of the Exhibition with one on the United States Army Medical Department, I shall briefly rehearse to your readers the interesting features of this branch, referring them for further details to the very useful pamphlets edited by Dr. J. J. Woodward, Assistant Surgeon of the United States Army, who is in charge of the representation of the Medical Department of the United States Army. These pamphlets are five in number, and can be had by visitors on applying to the orderly at the hospital.

As the visitor leaves the north door of the United States Government Building, he sees on his left a small structure with the word "Laboratory" over its door, and a few yards beyond it a frame building inscribed "Medical Department of the United States Army." This is a regulation post hospital, for twenty-four beds, erected for the double purpose of serving as a model to illustrate the plan of hospitals recommended by the Medical Department, and adopted by the War Department, for our military posts in time of peace, and of affording space for the greater portion of the other articles exhibited by the Medical Department. It is a frame building, with shingle roof, surrounded by a veranda, and consists of a central administration building, 35 feet front by 39 deep, and two stories high, with a two-storied back building 40 by 14 feet, and two wings 45 feet by 24, one for each ward of twelve beds. The floor of the whole building is raised three feet above the ground, and is well supported on timber posts. All the walls and ceilings are lathed and plastered with two coats, the finishing coat being of plaster-of-Paris, and the entire woodwork usually painted is covered with two coats of paint. The wards are 15 feet high in the clear from floor to ceiling. Ridge ventilation is provided for the summer months by means of two boxed openings in each ward, carried from the middle line of the ceiling to the ridge. These openings are 10

feet apart, and are each 10 feet long by 2½ feet wide.

On entering, the surgical visitor finds the camp bedsteads in familiar rows, several of them containing "dummy" patients. Around the walls are distributed enlarged photographs of pathological specimens, and at the base of the window-sashes are the beautiful photomicrographs, now produced at the Army medical museums. These represent pathological specimens also, and I would recommend all visitors to give them the closest attention, as they are unsurpassed by any in art.

At the end of the room opposite the door is a large oil painting, representing a clinic by Professor Gross. Unfortunately, it is so hung that the figures are obscure, and I found much difficulty in recognizing the familiar faces which surround the operator.

There are, in all, seven rooms in this building. Besides the ward which I have just described, the remainder are occupied as follows:—Room 2 serves for the exhibition of the models of hospitals, hospital steam vessels, hospital railway cars, ambulances, etc., and for specimens from the Army Medical Museum; room 3, for the exhibition of medicines, medical stores, and chemicals; room 4, for surgical instruments, books, blanks, and the publications of the Surgeon-General's Office; room 5, for mess furniture and utensils; room 6, for kitchen utensils; room 7 is the private office of the surgeon in charge, and the rooms in the second story serve for the exhibition of prothetic apparatus, litters and stretchers, medical panniers, knapsacks, etc.

Most visitors will find room 2 to present the strongest attraction. The beautiful models of two hospital ships are conspicuous objects. There are, also, ranged on the east wall, numerous specimens from the Army Medical Museum, dried and in spirits. Their neatness is conspicuous and refreshing in comparison with the dust and litter too often marring anatomical collections.

Passing out the side over to the west, we have on our right three hospital tents, pitched end to end in the manner used during the war. Just beyond them is a row of medicine wagons, ambulances, and medical baggage wagons. One of the latter is a real veteran, which saw service in the Potomac, and from Nashville through to Savannah and beyond, and bears the visible scars of its campaigns. Perot's medicine wagon is that which probably came nearest to fulfilling all the requirements of field service. In the severe marching over Virginia and Tennessee roads, I witnessed the failure of the heavier ones used early in the war, and Perot's, as less objectionable in this respect, generally came out best. A very complete one is exhibited, and the firm publishes a pamphlet describing its construction in detail.

Your readers will see, from this brief sketch of this department of the Exhibition, that it is one they must not overlook. It is not very conspicuously situated, and has the advantage of not being crowded: While I was making

my tour through it, only two other visitors entered. But to the medical man it has greater attractions than many of the larger and more crowded buildings. Yours,

A.

NEWS AND MISCELLANY.

Annual Meeting of the Medical Society of New Jersey.

This venerable Society held its one hundred and tenth annual session, at Congress Hall, Cape May, on Tuesday and Wednesday, May 23d and 24th. The attendance was large. The officers were as follows:—President, Dr. Wm. O'Gorman; Vice Presidents, Drs. J. V. Schenck, H. R. Baldwin, and John S. Cook; Treasurer, Dr. W. W. L. Phillips; Recording Secretary, Dr. Wm. Pierson, Jr.; Corresponding Secretary, Dr. Wm. Elmer, Jr.; Standing Committee, Drs. S. Wickes, S. C. Thornton, and Thomas Ryerson. After prayer, and the reading of the minutes of the last annual meeting, the following gentlemen, who were present from Pennsylvania, with other visiting and local members of the profession, were elected corresponding members, and invited to participate in the deliberations:—Drs. Traill Green, D. Hayes Agnew, Levis, Cohen, Atkinson, Pepper, Goodell, Dunglison. Drs. H. St. Clair Ash and T. H. Andrews were present as delegates from the State Medical Society of Pennsylvania. The report of the Committee of Arrangements, eulogistic of Cape May as a health resort, was read by Dr. Bateman, of that city, especially dwelling on its freedom from summer epidemics, etc., and on the favorable reports of the signal service in regard to temperature, humidity, etc. After acceptance of an invitation to visit Sea Grove, the President read his annual address, a very scholarly production, which traced, in a short, interesting manner, the historical and general relations of medicine to the other sciences.

Dr. Stephen Wickes, of Orange county, read the report of the Standing Committee, acting as a Committee on Ethics. The *Transactions* of the Society from 1766 to 1800 had, he stated, been reprinted and numerous copies sold. After the appointment of the Committees on Nominations, etc., the subject of candidates for the degree of M.D., with their theses, was referred to a committee. (This Society, unlike most of the State Societies, has the power of conferring the degree of M.D.) An effort to bring before this body an old quarrel, in which the Hudson County Society was chiefly interested, was frustrated by referring several communications on the subject, without being read, to the Committee on Ethics. The President was authorized to fill vacancies in the Standing Committee, after which the Society adjourned to participate in the annual banquet, at which interesting speeches were made by Drs. O'Gorman, Agnew, Levis, Atkinson, Ridge, and others.

On Wednesday morning the Society met at nine o'clock. Dr. Wickes read the report of the Standing Committee, being a summary of the various county reports, referring especially to the prevalence of malarial and typho-malarial affections in certain localities; to the diminished amount of disease throughout the State during 1875-76; to the marked prevalence of diphtheria in some regions; to the employment of calomel and other drugs etc.; questions having been particularly addressed by the Committee to practitioners with regard to the latter subject. The report was ably discussed by Drs. Hopper, Garret, Ridge, and Rogers, of New Jersey, and Cohen and Atkinson, of Pennsylvania. The desirability of obtaining from the Legislature legal aid for the establishment of sanitary associations, for the enlightenment of the public and the prevention of disease, was dwelt upon. Drainage, sewerage, bacteria, vibrios, etc., were referred to, and their relations to health or disease.

Dr. Lilly, from the Committee on the Writ from the Supreme Court (in regard to the Hudson County difficulty), stated that the matter would be presented in that court June 6th. A supplement to the charter, applicable to all similar cases, was suggested and adopted, to be presented to the Legislature. A committee was appointed to present a testimonial to Mr. Gummere, who had offered his services gratuitously in this case. Resolutions were reported relative to the death of Dr. Woodhull, of Newark. Dr. Brakeley, Chairman of Committee appointed last year, in regard to State legislation for the public health, reported as to the impropriety of appointing a medical board made up of different schools or sects, either as health boards or examining bodies. After the reading of the Treasurer's report, the Corresponding Secretary read communications from the Centennial Medical Commission, representing the International Congress to meet at Philadelphia in September, and from the Civil Engineers of Boston, in relation to metric weights and measures. Written and verbal reports were received from delegates to and from State medical societies; among others, from Drs. Deshler, of New Jersey; E. G. Cutler, of Massachusetts; O. C. Wiggin, of Rhode Island, and Newman, of New York. Dr. Traill Green, of Easton, also made a few felicitous remarks. Dr. S. Weir Mitchell, of Philadelphia, was elected honorary member. The degree of M. D. was then conferred on Drs. Rein and Mueller. E. J. Marsh, of Patterson, was appointed essayist for 1877, and the Committee on Nominations reported the following officers and delegates for the ensuing year, all of whom were elected:—

President—Dr. J. V. Schenck.
Vice Presidents—Drs. H. R. Baldwin, John S. Cook, A. W. Rogers.
Recording Secretary—Dr. Wm. Pierson, Jr.
Corresponding Secretary—Dr. William Elmer, Jr.
Treasurer—Dr. W. W. L. Phillips.

Standing Committee—Drs. S. Wickes, J. L. Bodine, Samuel Lilly.

Delegates to American Medical Association, 1877—Drs. H. A. Hopper, S. C. Thornton, H. G. Taylor, T. J. Smith, J. J. H. Love, P. S. Heritage, J. W. Hunt, Samuel Lilly, E. P. Cooper, S. B. Irwin, John R. Leaf, H. R. Baldwin, Wm. Armitage, John Vought, Joseph Hedges, T. H. Tomlinson, P. F. Brakeley.

Delegates to International Medical Congress—J. M. Ridge, John Wolverton, Ezra M. Hunt, John C. Johnson, Chas. Hasbrouck, A. Coles, A. A. Lutkins.

Delegate to New Hampshire Medical Society, Dr. C. O. Gordon; to Connecticut, Drs. E. J. Marsh and McLean; to New York, Drs. E. B. Silvers, H. Mitchell, Parrish, E. Maston; to Pennsylvania, 1877, Drs. C. H. Voorhies, H. C. Clark, Wm. Elmer, Wm. Blundell; to Rhode Island, Drs. C. F. Deshler, T. J. Thompson, Samuel Lilly; to Massachusetts, Drs. J. J. Pendergrast, J. L. Bodine, J. B. James, J. G. Ryerson; to Maine, Drs. G. H. Batteray, B. F. Carpenter, Gordon.

Essays on Climate, Mental Pathology and Medical Heroism were presented by Drs. J. S. Cook, R. M. Bateman, and E. P. Townsend.

After passing a resolution that hereafter no entertainment shall be given at the place of meeting, the Society adjourned to meet at Trenton in May, 1877.

The Pennsylvania Railroad

Offers unsurpassed facilities to travelers to and from this city. Its cars run direct from New York to Washington, Chicago, St. Louis, Cincinnati, Louisville and other principal points, and for speed, comfort and security, have not their superior in the world. To the thousands of medical men who will see our great Exhibition this summer we commend this line, and ask their attention to its schedule as it appears in our advertising columns. Having frequently chosen it in preference, in our journeys, we speak knowingly of its merits.

Association of American Medical Editors.

The members of this Association are requested to meet in the parlor of the Continental Hotel, in Philadelphia, on Monday, June 5th, 1876, at 8 P. M.

The Wisconsin State Medical Society.

In view of the fact that the American Medical Association meets on the day appointed for the State meeting, announces an adjournment of the latter to Tuesday, July 11th.

Pharmaceutical Meeting.

One evening last week a public reception was given by the Philadelphia pharmacists to their visiting brethren from abroad, in the hall of the College of Pharmacy. The interior of the building, refitted and refurnished, had been

handsomely decorated for the occasion, the hall-way entrance was tastily arched with the flags of all nations, and the audience-room bloomed with the luxuriant varieties of medicinal plants, such as the male fern, the arrow-root, aloe, black pepper, and saffron, with miniature specimens of the tea and coffee plants and cinnamon tree. This reception commemorates the formal opening of the institution as a headquarters for visiting pharmacists from all quarters of the globe.

The Cremation Movement.

The Urn Cremation Society at Dresden has sent a circular to all other cremation societies in Europe, inviting them to send delegates to a congress to be held at Dresden on the 6th and 7th of June. It states that the Conference was originally proposed to be held about the middle of April at Dresden, but had to be postponed in consequence of the large number of delegates that announced their arrival, which rendered necessary a change in the programme. The Conference is now fixed as above.

A Vienna notary, lately deceased, requested by the terms of his will that his body should be burned. The Vienna authorities refused to allow his wish to be carried out, but without assigning a distinct reason for their refusal. The *Wiener Medizinische Wochenschrift* suggests that in the emergency, and as there is no proper cremation-oven in Vienna, the body might be taken to Dresden, and there incinerated, as was lately done in similar circumstances by an English family.

Proportion of Physicians to Population.

The Registrar General of Great Britain, Dr. Farr, states that there is in the British army one surgeon to every 202 men; in the general population one medical practitioner only to every 1276 men, women, and children living. At the census of 1871 the physicians and surgeons enumerated were 14,684; assistant and medical students over twenty years of age, 3116. The proportion of medical men to the population has declined since 1851, when it was 9.7 per 10,000 living, 8.3 in 1861, and to 7.8 in 1871.

Neglect of Ventilation.

The following paragraph is a sad commentary on sanitary ignorance in high places; it is from a prominent daily:—The absence of suitable provisions for due ventilation of the court-rooms in the new New York Court House is entailing very serious consequences on the State judges. Four of them are now sick from this cause and unable to come to the court, and yesterday Judge Donahue had an attack of vertigo and had to be carried home.

—Dr. E. H. Gibbs, of New York, succeeds the late Dr. Hall as editor of the *Journal of Health*.

Small-pox in Vienna.

Small-pox has now been prevalent at Vienna for nearly six years, and there seems at present to be but little hope of the cessation of the epidemic. In the seven weeks between February 25 and April 14 last there were 122 deaths from the disease. The *Wiener Medizinische Wochenschrift*, commenting on this state of things, complains that no progress has been made in adopting a system of compulsory vaccination.

Hereditary Web-Fingers.

The New Bedford (Mass.) *Standard* says, there are persons living in that city with a web connecting the second and third fingers of each hand, and the corresponding toes (third and fourth) of each foot. The peculiarity has descended through five generations. It is said a relative in Plymouth had a surgical operation performed to divide his fingers, and that it resulted in a loss of control of the extensor muscles of the fingers, so that he could not open his hands.

Personal.

—M. Charrière, of Paris, the well-known surgical instrument maker, died last month. Charrière threw a great deal of originality into his labors, and such men as Civiale, Leroy d'Etiolles, Amussat, Velpeau, and others, were very ready to adopt his suggestions, and highly pleased at the manner in which the work was carried out.

—M. Béhier, Professor of Clinical Medicine in the Hôtel-Dieu, died in Paris on Sunday, the 8th of May, and was buried in the presence of the principal members of the profession and an immense gathering of medical students. Born in 1813, Béhier has had a highly distinguished career as a physician. For eleven years he had been on the visiting staff at the Hôtel-Dieu, and for several years Professor of Clinical Medicine.

—Professor Henke, of Tübingen, has accepted the call to be Professor of Anatomy in the University of Berlin; and Professor Toldt, of Vienna, has been made Professor of Descriptive Anatomy at Prague.

—The veteran savant, M. Chevreul (says the *Union Médicale*), while presenting a book, and speaking of the works of the late M. Donné, Dean of the Medical Faculty of Montpellier, made use of an eminently academical euphemism. Instead of stating that M. Donné was dead, after the manner of ordinary mortals, he declared that "malheureusement he had interrupted his communications." The Academy people do not die, but only interrupt their communications!

DEATHS.

WILSON.—On the 2th of January last, of pericarditis, Belle, daughter of R. C. Wilson, M. D., aged 25 years.